

Name, Address, Phone # & State Bar # of Attorney or Party without Attorney		
Attorney for:		
SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF YOLO <input type="checkbox"/> 725 Court Street, Room 111, Woodland CA 95695 (530)406-6705 <input type="checkbox"/> 601 Court Street, Woodland CA 95695 (530)406-6702		
Plaintiff: PEOPLE OF THE STATE OF CALIFORNIA	CASE NUMBER:	
Defendant:	PETITION FOR RESTRICTED LICENSE (VC 13202.5)	

I, the undersigned, say that:

1. I am the defendant in the above-entitled action.
2. My date of birth is _____.
3. My driver's license number is _____.
4. I was convicted of a violation of Section _____ of the California Vehicle Code on _____ and consequently my driving privilege was suspended for one year because I was under the age of 21.
5. My driving privilege is not suspended at this time for any other reason.
6. I have a critical need to drive as follows:
 - ☐ I am attending school and the transportation available is inadequate for my regular attendance.
 School: _____
 Course of Study: _____
 Dates & times of attendance: _____

I have attached a signed statement from the school principal or administrator verifying the above facts. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle from my residence to the school and returning to my residence from school.

- ☐ The transportation available is inadequate and my operation of a vehicle is necessary due to illness of a family member.

I have attached a signed statement from a physical familiar with the condition of the ill family member. That statement contains a diagnosis and probable date when the patient will be sufficiently recovered. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle only for the purpose of transporting my ill family member to and from medical care.

- ☐ I am employed and the income from my employment is essential to the support of my family. Transportation is inadequate and the use of a motor vehicle is necessary for me to continue my employment.

Current Employer: _____

Employer's address: _____

Occupation: _____

I support the following people: _____

Hours of employment: _____

I also need to drive during my employment because: _____

I have attached a signed statement from my parent or guardian that explains why I need to drive to work to help support my family. I understand that if I am granted a restricted license for this purpose I will be restricted to operating a motor vehicle from my residence to my work and returning to my residence from my work. In some cases, I may be allowed to drive while I am working, but only if driving is a necessary part of my employment.

7. I request that the Judge also consider the following information in determining if I have a critical need to drive.

8. Wherefore, I request the Court to authorize a restricted license permitting me to drive as indicated above.

I declare under penalty of perjury of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20__ at _____ CA.

Petitioner

ORDER OF THE COURT

The forgoing petition is:

☐ DENIED – No critical need has been shown.

☐ GRANTED – DMV to issue a license restricted as follows:

Dated: _____

Judicial Officer

WARNING: THIS ORDER DOES NOT AUTHORIZE YOU TO DRIVE. YOU MUST GO TO DMV AND APPLY FOR A RESTRICTED LICENSE.